

# Premium Collection Form

Please complete applicable sections below:

- APP for initial and ongoing premium
- Credit card for initial and ongoing premium
- Check enclosed for initial premium
- Other (Please specify and complete applicable sections) \_\_\_\_\_

- Check here if policy is to be on a List Bill  
Note: If allowed in your state, current employer and employee list bill forms are required

## Automatic Payment Plan Authorization

Routing Number

Account Number

Your Name (Please print your name as shown on your account)

To (Bank or Financial Institution name, also branch, if any)

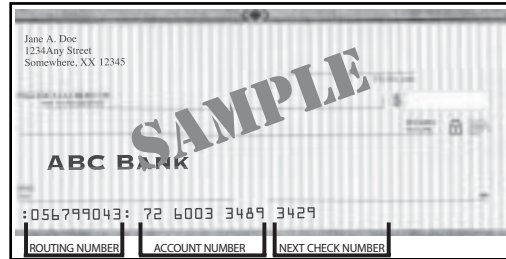
Bank Address

City

State  Zip

Signature of Payor (if other than the Primary Applicant)

Date



By providing my account information here and signing the application for insurance coverage, (or signing below if the payor is other than the primary applicant) I authorize the bank whose name and address I am providing to pay and to charge to my account the amount of any check, instrument, or any other funds transfer made by and payable to American Republic Insurance Company for insurance premiums. I authorize American Republic Insurance Company to contact my bank or financial institution on my behalf for the sole purpose of obtaining information necessary to administer my preauthorized withdrawals in conjunction with my insurance coverage. This authorization is to remain in effect until revoked by me in writing. Until you receive and have reasonable time to act on such notice, you shall be fully protected in accepting any preauthorized withdrawal against my account.

## Credit Card Authorization

By providing this information and signing the application for insurance coverage, (or signing below if the payor is other than the primary applicant) I authorize American Republic Insurance Company to bill my MasterCard/Visa/Discover Card account for the applicable premium payment. Please enter your credit card information below.

### Credit Card Information

- Master Card
- Visa
- Discover

Credit Card Number  Expiration Date  Card Security Code\*

\*The CSC (Card Security code) number is the last 3 digits in the signature block on the back of your credit card. We are requesting it as an added security precaution.

### Billing Address

Your billing information must be entered exactly as it appears on your credit card statement. Please check your statement for accuracy to avoid delays in processing your order.

First Name  Last Name

Billing Address

City  State  Zip

Signature of Payor (if other than the Primary Applicant)

Date